

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| | | | | | | | 10/088924 | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | 1 | | | | | | 51 | |
| 2 | | 1 | | | | | 52 | |
| 3 | | 1 | | | | | 53 | |
| 4 | | 1 | | | | | 54 | |
| 5 | | 1 | | | | | 55 | |
| 6 | | 1 | | | | | 56 | |
| 7 | | 1 | | | | | 57 | |
| 8 | | 1 | | | | | 58 | |
| 9 | | 1 | | | | | 59 | |
| 10 | | 1 | | | | | 60 | |
| 11 | | 1 | | | | | 61 | |
| 12 | | 1 | | | | | 62 | |
| 13 | | 1 | | | | | 63 | |
| 14 | | 1 | | | | | 64 | |
| 15 | | 1 | | | | | 65 | |
| 16 | | | | | | | 66 | |
| 17 | | | | | | | 67 | |
| 18 | | | | | | | 68 | |
| 19 | | | | | | | 69 | |
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| 40 | | | | | | | 90 | |
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| 42 | | | | | | | 92 | |
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| 47 | | | | | | | 97 | |
| 48 | | | | | | | 98 | |
| 49 | | | | | | | 99 | |
| 50 | | | | | | | 100 | |
| TOTAL IND. | 2 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 13 | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 15 | | | | | | TOTAL CLAIMS | |